

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/235,606	01/20/99	455	2744	

APPLICANT

WILLIAM DUVALL, SUDBURY, MA; ROD DEMILLE, SUDBURY, MA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 02/10/99

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	RINES AND SHAW 81 NORTH STATE STREET CONCORD NH 03301
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TITLE	METHODS OF AND SYSTEM FOR PORTABLE CELLULAR PHONE VOICE COMMUNICATION AND POSITIONAL LOCATION DATA COMMUNICATION USING THE CELLULAR PHONE NETWORK CONTROL CHANNEL
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FILING FEE RECEIVED \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 44

SERIAL NUMBER 09/235,606	FILING DATE 01/20/1999 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKE NO.
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APPLICANTS

WILLIAM DUVAL, SUDBURY, MA;

ROD DEMILLE, SUDBURY, MA;

** CONTINUING DATA ***** *None . C. C .*** FOREIGN APPLICATIONS ***** *None . C. C .*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/10/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<u>C. Chow</u> Examiner's Signature
	<u>C. C .</u> Initials

STATE OR

SHEETS

TOTAL

INDEPENDENT

COUNTRY
MADRAWING
2CLAIMS
13/18CLAIMS
4-6

ADDRESS

RINES AND SHAW

81 NORTH STATE STREET

CONCORD, NH

03301

TITLE

METHODS OF AND SYSTEM FOR PORTABLE CELLULAR PHONE VOICE COMMUNICATION AND POSITIONAL LOCATION
DATA COMMUNICATION USING THE CELLULAR PHONE NETWORK CONTROL CHANNEL

FILING FEE RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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